

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 403220	RECEIPT DATE:	10 / 14 / 99
IA NUMBER:	PCT/ IL97 / 00128	IA FILING DATE:	04 / 17 / 97
FAMILY NAME:	LEV KOVITZ	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	RON	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	00 / 00 / 00
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	154/01214	COUNTRY:	ILX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	2127909200
		FAX	
NAME:	WILLIAM H DIPPERT		
	COWAN LIEBOWITZ AND LATMAN		
STREET:	1133 AVENUE OF THE AMERICAS		
CITY:	NEW YORK		
STATE/COUNTRY:	NY	ZIP:	100366799
EMAIL:			
APPLICATION TITLES:			
	DIRECT TOMOGRAPHIC RECONSTRUCTION		

TAB TO LAST POSITION.PUSH SEND